

DRIVER EDUCATION NEW COURSE REPORT

THIS REPORT **MUST** BE FILED BY MAIL, FAX, OR EMAIL AT LEAST **SEVEN DAYS**

PRIOR TO START-UP DATE OF COURSE TO:

BUREAU OF MOTOR VEHICLES, DRIVER EDUCATION PROGRAM

29 STATE HOUSE STATION, AUGUSTA, ME 04333-0029

TEL: 624-9156 FAX: 624-9158 EMAIL: Driver.Education@maine.gov

SCHOOL NAME:

SCHOOL LOCATION (As on your school license):

SCHOOL LICENSE # (As on your school license):

TELEPHONE #:

INSTRUCTORS INVOLVED IN THIS COURSE (Class A & B):

CLASS START-UP DATE:

CLASS ENDING DATE:

ANTICIPATED ENDING DATE OF COURSE:

(When all course requirements, 30 hours in the classroom and 10 hours behind the wheel instruction are completed.)

ENTER DATES AND TIME OF EACH CLASS ON THE TABLE BELOW:

(Cannot exceed 10 hours in a seven day period. This is not a calendar week, i.e. if your course starts on Wednesday, your seven day period ends the following Tuesday, etc.)

MONDAY date/time	TUESDAY date/time	WEDNESDAY date/time	THURSDAY date/time	FRIDAY date/time	SATURDAY date/time	SUNDAY date/time

NOTE: You MUST notify us of any changes in your schedule, including cancellations.

LICENSEE'S SIGNATURE:

DATE: